

No. C 108811		Due no later than Dec 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. POST FALLS FAMILY DENTAL CENTER, P.A. KENNETH J LYNN 313 N SPOKANE STREET POST FALLS ID 83854		H JAMES MAGNUSON 816 SHERMAN AVE COEUR D'ALENE 83814			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	KENNETH LYNN	313 N SPOKANE STREET	POST FALLS	ID	USA	83854	
DIRECTOR	ERIN E ELLIOTT	18365 CIRCLE TRAIL	RATHDRUM	ID	USA	83838	
5. Organized Under the Laws of: ID C 108811		6. Annual Report must be signed.* Signature: Kenneth J Lynn Name (type or print): Kenneth J Lynn Date: 12/08/2014 Title: President					
Processed 12/08/2014		* Electronically provided signatures are accepted as original signatures.					